FOWEY PRE-SCHOOL

**MANAGING CHILDREN WITH ALLERGIES, OR WHO ARE SICK OR INFECTIOUS POLICY**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

**Procedures for children with allergies**

➢ When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.

➢ If a child has an allergy, a risk assessment form is completed to detail the following:

- the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc)

- the nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc

- what to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen)

- Control measures – such as how the child can be prevented from contact with the allergen

- Review

➢ This form is kept in the child’s personal file and the information (with photo) is displayed where staff can see it.

➢ Parents train staff in how to administer special medication in the event of an allergic reaction. Training will be arranged for staff if necessary. Epipen training is included in first aid training.

➢ Generally, no nuts or nut products are used within the setting. We endeavour to have no products containing nuts or nut products/essences, however we cannot guarantee that products have not been manufactured in a factory that handles nuts. Please always speak to a member of the management about your child’s allergy.

➢ When the setting knows of a child with a nut allergy, staff will ensure all other parents are made aware so that no nut or nut products are brought in lunchboxes and lunchboxes will be checked.

Currently we are a nut free setting

➢ The setting will purchase all food itself in the event of a party.

**Insurance requirements for children with allergies and disabilities**

➢ The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to, as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from the insurance provider must be obtained to extend the insurance.

**Oral medication**

Asthma inhalers are now regarded as ‘oral medication’ by insurers and so documents do not need to be forwarded to your insurance provider.

➢ Oral medications must be prescribed by a G.P. or have manufacturer’s instructions clearly written on them.

➢ The group must be provided with clear written instructions on how to administer such medication.

➢ All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

➢ The group must have the parents or guardians, prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to the insurer.

➢ Life-saving medication and invasive treatments – adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

The setting must have:

- a letter from the child’s GP/ consultant stating the child’s condition and what medication if any is to be administered

- written consent from the parent or guardian allowing staff to administer medication

- proof of training in the administration of such medication by the child’s GP, a district nurse, children’s nurse specialist or a community paediatric nurse.

- Copies of all three letters relating to these children must first be sent to the insurer for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended.

**Key person for special needs children – children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc**

➢ Prior written consent from the child’s parent or guardian to give treatment and/or medication prescribed by the child’s GP.

➢ Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

➢ Copies of all letters relating to these children must first be sent to the insurer for appraisal. Written confirmation that the insurance has been extended will be issued by return.

**Procedures for children who are sick or infectious**

➢ If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the setting management calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.

➢ If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.

➢ Temperature is taken using a digital ear thermometer or non-touch forehead thermometer. (Kept near the first aid box).

➢ If child’s temperature does not go down and is worryingly high, then we may give them Calpol or similar while they await collection, after first obtaining consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.

➢ In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.

➢ The setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

➢ Where children have been prescribed antibiotics, parents are advised to keep them at home for 48 hours before returning to the setting.

➢ After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

➢ The setting has a list of excludable diseases and current exclusion times. Information is available from www.patient.co.uk

➢ In general please use common sense when deciding whether or not your child is too ill to attend. Ask yourself the following questions:

- Is my child well enough to do the activities of the pre-school day? If not, keep your child at home.

- Does my child have a condition that could be passed on to other children or pre-school staff? If so, keep your child at home.

- Would I take a day off work if I had this condition? If so, keep your child at home.

**Covid**

If your child has a confirmed case of Covid or you think they may have Covid then please follow the latest government guidance so we can lessen the transmission rates amongst other children and staff within the setting.

* If your child has a temperature above 37.5 and a cough and/or cold like symptom and/or vomiting then please keep them home until their temperature has returned to normal and their other symptoms have gone. (If vomiting has occurred then your child will need to remain at home for 48 hours after their last episode).
* If your child has a temperature above 37.5 and display any other symptoms when in setting, then you will be contacted and asked to arrange collection for your child ASAP.

What parents and carers need to know about early years providers, schools and colleges - GOV.UK (www.gov.uk)

Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk)

**Reporting of ‘notifiable diseases’**

➢ If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 2001, the GP will report this to the Health Protection Agency.

➢ When the setting becomes aware, or is formally informed of the notifiable disease, the setting leader informs Ofsted and acts on any advice given by the Health Protection Agency.

**HIV / AIDS / Hepatitis procedure**

➢ HIV virus, like other viruses such as Hepatitis (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

➢ Single use vinyl gloves are worn when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit

➢ Protective rubber gloves are used for cleaning/sluicing clothing after changing.

➢ Soiled clothing is rinsed and bagged for parents to collect.

➢ Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution

and mops; disposable cloths are used to clean up and then flushed away.

➢ All disposable protective clothing, nappies, disposable cloths contaminated with human fluids are to be individually bagged and then disposed of in the ‘yellow’ medical waste bin.

➢ Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

**Nits and head lice**

➢ Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

➢ On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

FYFS key themes and commitments

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| A Unique Child | Positive Relationships | Enabling Environments | Learning and Development |
| 1.2 Inclusive Practice1.4 Health and Well-being | 2.2 Parents and Partners2.4 Key person | 3.2 Supporting Every Child |  |

Date of next review: September 2024

Signed………………………………. Position………………………….. Date……………

Copies of the original signed document are available upon request.

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